Cal State Compliance & Consulting DIR LCP ID # 2007-00566 LABOR COMPLIANCE PROGRAM ANNUAL REPORT

Format for Approved Program that contracts with Awarding Bodies to provide labor compliance enforcement

Interim Report for the reporting period February 1, 2010 to June 30, 2010

1. Name of Labor Compliance Program (LCP):						
Cal State Compliance & Consulting DIR LCP ID # 2007-00566						
2. LCP I.D. Number (assigned by DIR):	3. Date of Initial Approval: 2/21/08					
DIR LCP ID # 2007-00566						
4. Contact person (include name, title, address, telephone, fax, and e-m	ail, if available): John F. Young, LCO//5475 Connecticut Ave La	a Mesa, CA 91942				
OFFICE: (619) 741-1016 – Home: (619) 469-3491 EMAIL:	calstatecompliance@cox.net or jfyoung2@cox.net					
5. List all Awarding Bodies covered by this report as well as any other enforcement. If <i>none</i> , please proceed directly to item 7 and provide form to DIR, Office of the Director, Attn: LCP Special Assistant455	all requested information. Then complete the information b	pelow, and sign and submit this				
None						
What suggestions do you have for the Department of Industrial Relatio necessary): Continue to remain proactive.	ns to better assist you with your program in the coming year	? (attach additional sheets if				
SUBMITTED BY:						
	nn F. Young, LCO	2/12/09				
Signature Na	ame and Title	Date				

LCP-AR3

Awarding Body	y: None										
A. List projects	handled by LCP	within the past	12 months								
Project Name		Bio	Bid Advertisement Date		e	Prime Contractor			Contract Amount		
None											
Total											
B. Summary of	all wages and per	nalties assessed	and/or rec	overed.							
Project Name		(who direct	d Contract ly employ vorker)	employed the A		ount	Amount Recovered	Approval of Forfeiture Requested from Labor Commissioner?		Description of Violation	
None None			None				□ Yes □	□No			
Total	otal										
C. For any amou	int identified in ite		approval o	of forfeiture Ame	ount	ested fron	n the Labor Commi	ssioner, please	-	w.	
Pro	,	None None				None					
		None		None		None					
	,	None		None		None					
None Total			approval o		e was req		n the Labor Comm	issioner, pleas	e provide the	following:	
None Total D. For any amou	ınt identified in ite	em B for which	Assessed	of forfeitur		uested from		Amount	Recovered		
None Total D. For any amou		em B for which	* *	of forfeitur	e was requages		n the Labor Comm LC § 1776(g)		•	following: Wages	Total

LCP-AR3

Project Name	Contractor	Nature of Violation	ODL Case #	Current Status
None				None
F. Did you refer any contractor to the Please check one: Yes If yes, identify affected contractor	<u>NO</u>	•		
G. Did you refer any apprenticeship v	violation to the Division of Appren	nticeship Standards (DAS)?		
Please check one:	NO			
If yes, identify affected contractor		of referral:		

LCP-AR3

- 7. On a separate sheet, provide a certificate of compliance with conflict of interest disclosure requirements by employees and consultants who participate in making governmental decisions (as defined under 2 CCR § 18701) along with the names of LCP personnel who are filing disclosure statements and the agencies with which those statements are being filed.
- 8. Please update the following information per 8 CCR § 16426(a)(2), (3) and (5) disclosure requirement.
- A. Identify the geographical areas in which the program intends to operate and the identity of any public agencies not previously identified in this report with which the program intends to contract to provide labor compliance enforcement.

CSCC INTENDS TO OPERATE THROUGHOUT THE STATE, CONCENTRATING IN SOUTHERN CA,

B. State whether the entity shares personnel, management, ownership or other close affiliation with any of the following: (1) any contractor or subcontractor that within the preceding five years has been awarded a public works contract within the geographical area in which the program operates or intends to operate or with any public agency with which the program has contracted or intends to contract to provide labor compliance enforcement; (2) any person or entity who has been the surety on such a contract; (3) any joint labor-management committee established pursuant to the Federal Labor Management Cooperation Act of 1978 (section 175a of Title 29 of the United States Code); or (4) any person or entity who has represented workers employed in the same or similar classifications as those employed for such a contract and who has been engaged in (i) an organizational campaign under the National Labor Relations Act with contractors competing for such contracts or (ii) a jurisdictional dispute with another collective bargaining representative of workers utilized for such contracts.

For each affiliation, please provide the name, address, telephone number, and principal contact person for the person or entity; please identify shared personnel, management, and ownership; and if applicable, please provide a short description of the nature and extent of any other close affiliation:

(3)

Cal State Compliance has assisted IBEW Local 569 with the monitoring and enforcement of prevailing wages and electrical certification as a consultant. CSCC is not affiliated with the IBEW Local

C. Identify the attorney or law firm available to provide legal support for the LCP, and whether the persons or firms providing that support also represent any contractor, subcontractor, surety, or worker representative referred to in the preceding item.

Attorney/Law Firm Name (include address, contact person, and telephone number)

Chad T. Wishchuk Marks, Golia & Finch, LLP 3900 Harney Street, First Floor San Diego, California 92110-2825 Telephone: (619) 293-7000